Add
Family Member

King County
Benefits and Retirement Operations

- Submit this form *within 30 days* of the qualifying event (or sooner) to Benefits and Retirement Operations, Exchange Building EXC-ES-0300, 821 Second Ave., Seattle 98104-1598, or fax it to 206-684-1925.
- You might also need to submit Affidavit of Marriage/ Domestic Partnership, Life/AD&D Change and Beneficiary Designation forms.
- Questions? Go to www.metrokc.gov/ employees/benefits, e-mail kc.benefits@metrokc.gov or call 206-684-1556.

Indicate the event that qualifies adding your family member at this time

☐ Marriage (attach copy of marriage certificate or Affidavit of Marriage/Domestic Partnership)
☐ Establishment of domestic partnership (attach Affidavit of Marriage/Domestic Partnership)
☐ Birth (you have up to 60 days to add newborn for health coverage but only 30 days if adding for enhanced life/AD&D)
☐ Adoption (attach documentation)
☐ Legally designated ward (attach documentation)
☐ Loss of other coverage (describe other coverage, who provided it and date it ended) _____

_____

Provide information about your family member

Relationship to you
☐ Spouse
☐ Domestic partner (DP)
☐ Biological/step child
☐ DP's child
☐ Adopted child
☐ Legal ward

Name_____

Soc Sec No_____

Birth date _____ ☐ Male ☐ Female

If spouse/domestic partner, is he/she county employee, too? ☐ Yes ☐ No

Indicate the benefits you want your family member to have

☐ All coverage available under my benefit plan (if your coverage includes enhanced life/AD&D, attach Life/AD&D Change form)
☐ Enhanced life/AD&D coverage only (no health coverage; attach Life/AD&D Change form)
☐ Health coverage only (no life/AD&D coverage)

If you're in the part-time Local 587 Partial Benefits Plan, you may add a family member for all or part of the health coverage you purchase for yourself. Contact Benefits and Retirement Operations at 206-684-1556 for your options, then indicate your family member's coverage:

_____

Authorize your change

This information is true, correct and complete, and amends previously submitted information. I authorize King County to make any payroll deductions or refunds resulting from my requested change. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. If I'm adding a domestic partner/domestic partner's child(ren), I understand deductions based on the taxable value of their benefits will be deducted from my paycheck retroactive to the date the coverage begins.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____)_____

Paid ☐ 5th and 20th ea month ☐ Every other Thursday PeopleSoft Employee ID _____

Office use only	Date received	Processed by	Audited by	Date effective